

**True Resolutions Inc.**  
***Notice of Independent Review Decision***

True Resolutions Inc.  
An Independent Review Organization  
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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date:**X

**IRO CASE #:**X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** X

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Overturned                      Disagree
- Partially Overturned    Agree in part/Disagree in part
- Upheld                              Agree

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**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X is a X who was injured at work on X. The injury occurred when a heavy object of weight about 20 pounds struck him on the hardhat and X was knocked unconscious. X fell forward causing traumatic brain injury with neck, right shoulder, and chest injury. The diagnoses were sprain of ligaments of cervical spine, subsequent encounter (X), and sprain of unspecified parts of right shoulder girdle, subsequent encounter (X).

On X, X was seen by Dr. X, for evaluation of chief complaints of neck and upper extremity pain. X was able to stand for less than 30 minutes, sit for less than 30 minutes and able to walk for less than 30 minutes with pain. X stated the ongoing pain was 5/10, pain at worst was 8/10, and pain at best was 3/10. X felt constant aching pain, pinching, and soreness. Pain was better with lying down and cervical pillow. The pain had been going on for weeks. The onset of pain was associated with a specific event of a heavy object hitting him on the head with loss of consciousness. The pain was described as shooting, aching, burning, and constant. It was made better by nothing. It was made worse by standing, sitting, and walking. Regarding work status, at the time, X was not working. Sleep was disturbed frequently by pain. The neck examination showed range of motion was decreased in flexion and extension. It was decreased while looking to the right and left. Facet tenderness was noted in cervical area at the C2-C3 and C3-C4 levels bilaterally. There was pain with range of motion of the right shoulder. X were recommended. X communicated a willingness for X during the procedure. X had a degree of anxiety X. X understood it was important to minimize sudden movement during the procedure. X expressed a mental and / or a psychological impediment to X. Per American Society of Anesthesiologists Guidelines, X was a candidate for X. On X, X was seen by X, MD, for follow-up visit for evaluation of

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neck and upper extremity pain. X was able to stand for less than 30 minutes, sit for less than 30 minutes, and walk for less than 30 minutes with pain. At that time, the pain level was 7/10. Pain level at the worst was 8/10 and at best was 3/10. X felt constant aching pain, pinching, and soreness. He was complaining of pain in the jaw. The pain felt better with lying down and cervical pillow. Request for X was denied. On examination, blood pressure was 140/101 mmHg. X was in no acute distress. The neck examination showed range of motion was decreased in flexion and extension. It was decreased while looking to the right and left. Facet tenderness was noted in cervical area at C2-C3 and C3-C4 bilaterally. There was pain with range of motion of the right shoulder.

The cervical spine MRI dated X revealed posterior herniation of mid cervical disks most prominent in the right foraminal zone at C6-C7 where there was disc extrusion producing severe neural foraminal stenosis concerning for impingement of the right exiting C7 nerve root; and mild upper to mid cervical facet hypertrophic arthropathy was noted. The right shoulder MRI dated X revealed mild anterosuperior rotator cuff tendinosis and/or strain without discrete tear; and mild acromioclavicular arthrosis with subacromial / subdeltoid bursitis.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale for denial of X: "Regarding X, the Official Disability Guidelines recommended for short-term use only with X. X should be minimized or avoided due to additional chondrotoxicity. The following criteria for X were diagnosed with rotator cuff tendinopathy; not controlled adequately by recommended conservative treatments; pain interferes with functional activities; intended for short-term control of symptoms to resume conservative medical management; generally performed without fluoroscopic or ultrasound guidance; with several months of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option, although potential risks should be specifically discussed; and the number of X. Regarding X, alternative guidelines were further referenced and state that this is

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usually used for any procedure in which a patient's pain or anxiety may be excessive and may impede performance. The use of X is used to enable clinicians to perform procedures, while monitoring the patient closely for potential adverse effects. Per submitted documentation, the request is not warranted. The reference guidelines recommended X. X should be minimized or avoided due to additional chondrotoxicity. The following criteria for X were diagnosed with shoulder arthritis; not controlled adequately by recommended conservative treatments; pain interferes with functional activities; intended for short-term control of symptoms to resume conservative medical management; generally performed without fluoroscopic or ultrasound guidance; with several months of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat X may be an option, although potential risks should be specifically discussed; and the number of X. Although it is acknowledged that the injured worker had chronic mild right shoulder pain. The request is not supported by the guidelines as the injured worker had mild pain with decreased overall the symptoms and diffused tenderness, and increased ROM. Additionally, the specific type of medication needed for the X was not submitted. The medical necessity of the request for the treatment of chronic right shoulder pain is not established, as it does not align with the guideline recommendation. Moreover, they had no extenuating factors to deviate from the guidelines. Therefore, the prospective request for X is non-certified." Rationale for denial of X: "Regarding X, the Official Disability Guidelines recommends it as a confirmatory diagnostic block to confirm facet joint as source of spinal pain considering the patient is a candidate for facet neurotomy, and consistent chronic cervical facet joint-mediated pain that has failed = 3 months of one or more nonoperative management. The imaging studies and physical examination must have ruled out other causes of spinal pain. There must be no coagulopathy and current infection. In addition, it is not recommended when monitored anesthesia care (MAC) is used. Per the submitted documentation, the request is not warranted. The cited guideline supports confirmatory diagnostic MBB for individuals with consistent chronic cervical facet joint-mediated pain, who will undergo RFA that had failed conservative care, with ruled out other causes of spinal pain evident in the imaging studies and physical findings. Although it is acknowledged that the injured worker had moderated

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chronic pain in the neck that was constant aching pain with shooting, aching, burning, pinching and soreness. Examination showed decreased ROM with facet tenderness in the C2-C3 to C3- C4 bilaterally. The imaging showed posterior herniation of mid cervical disks most prominent in the right foraminal zone at C6-C7 where there is disc extrusion producing severe neural foraminal stenosis concerning for impingement of the right exiting C7 nerve root; and mild upper to mid cervical facet hypertrophic arthropathy. The request is not supported by the guidelines since they responded to PT treatment, and with documentation that they feel better by lying down and with cervical pillow. Additionally, there was no submitted documentation for failed pharmacotherapy. Given the associated X of the request, it is not recommended to be used for X. The medical necessity of the request for the treatment of chronic cervical pain is not established as it does not align with the guidelines. Moreover, there was no compelling evidence warrant deviation from the guideline recommendation. Therefore, the prospective request for X is non-certified.”

Per a reconsideration review adverse determination letter dated X by X, DO, the request for X was denied. Rationale for denial of X: “Regarding X, the Official Disability Guidelines state that X can be used only for short-term relief, with a X. The lowest effective doses should be utilized, and X should be minimized or avoided due to their potential for chondrotoxicity. For X, the guidelines indicate they may be appropriate for patients diagnosed with rotator cuff tendinopathy who have not responded adequately to conservative treatments. These X are intended to provide short-term symptom relief, allowing the patient to resume conservative medical management. They are typically performed without fluoroscopic or ultrasound guidance. If several months of partial symptom relief are followed by worsening pain and function, a repeat X may be considered, though the potential risks should be thoroughly discussed with the patient. The total number of X should be limited to X. Regarding procedural X, the Official Disability Guidelines make no recommendations; therefore, alternative guidelines were sought. The Up To Date was referenced and suggested it is used when a patient’s pain or anxiety could impede the procedure. Short-acting analgesic and sedative medications are administered to facilitate the procedure, with careful

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monitoring for potential adverse effects. A prior request for X was non-certified under review X on X due to medical documentation indicating that the criteria were not met. The guidelines recommend shoulder X for short-term relief, with a minimum X and a limit of X, emphasizing the use of the lowest effective doses. X may be used to manage excessive pain or anxiety during procedures, with close monitoring for potential adverse effects. In this case, the injured worker reported a pain level of 7/10, with the worst pain being 8/10 and the best pain level at 3/10, describing the pain as constant aching, pinching, and soreness, including pain in the jaw. Laying down with a cervical pillow provided some relief, but they X, and there were no changes in their review of systems since the last visit. Examination revealed decreased neck range of motion in flexion, extension, and rotation, along with facet tenderness at C2-C3 and C3-C4 bilaterally, and pain in the right shoulder during range of motion testing. However, as per the last denial, the determination is upheld as the specific type of X was undocumented. Therefore, the prospective request for X: "Regarding X, the Official Disability Guidelines recommends it as a confirmatory diagnostic block to confirm facet joint as source of spinal pain considering the patient is a candidate for facet neurotomy, and consistent chronic cervical facet joint-mediated pain that has failed = 3 months of one or more nonoperative management. The imaging studies and physical examination must have ruled out other causes of spinal pain. There must be no coagulopathy and current infection. In addition, it is not recommended when monitored anesthesia care (MAC) is used. A prior request for X was non-certified under review X on X due to medical documentation indicating that the criteria was not met. The guidelines recommend a confirmatory diagnostic block for injured workers with chronic cervical facet joint-mediated pain who have failed at least three months of nonoperative management, and are candidates for facet neurotomy. This procedure is only appropriate if imaging and physical exams have ruled out other causes of spinal pain, there is no coagulopathy or current infection, and it is not performed under MAC. In this case, the injured worker reported a pain level of 7/10, with the worst pain being 8/10 and the best pain level at 3/10, describing the pain as constant aching, pinching, and soreness, including pain in the jaw. Laying down with a cervical pillow provided some relief, but they denied X, and there were no changes in

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their review of systems since the last visit. Examination revealed decreased neck range of motion in flexion, extension, and rotation, along with facet tenderness at C2-C3 and C3-C4 bilaterally, and pain in the right shoulder during range of motion testing. However, as per last denial, the determination is upheld as the inclusion of X was contraindicated for cervical MBB and the state guideline do not allow request modification. Therefore, the prospective request for X is non-certified.”

Thoroughly reviewed provided records including provider notes and peer reviews.

Provider is requesting both a X. The X specified appear warranted given the documentation supplied. The patient has pain in the affected areas despite conservative treatment and pain may be both from the right shoulder joint as well as separate pain generators coming from cervical facets. The provider also requested use of X given the patient's significant needle anxiety. Based on the ODG criteria cited by peer reviews, the request is warranted. 1. Recommend prospective request for X are medically necessary and certified.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Thoroughly reviewed provided records including provider notes and peer reviews.

Provider is requesting X. The X specified appear warranted given the documentation supplied. The patient has pain in the affected areas despite conservative treatment and pain may be both from the right shoulder joint as well as separate pain generators coming from cervical facets. The provider also requested use of X given the patient's significant needle anxiety. Based on the ODG criteria cited by peer reviews, the request is warranted. 1. Recommend prospective request for X are medically necessary and certified.

Overtured

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE